## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**CLAIMS AS FILED - PART I** 

**Application or Docket Number** 

**OTHER THAN** 

09775676

**SMALL ENTITY** 

TOTAL OLIVES			(Column 1)		(Column 2)		TYPE [	TYPE		OR SMALL ENTITY	
TOTAL CLAIMS			12				RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/2 minus 20=		* O		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS					0		X40=		OR	X80=	
MU	LTIPLE DEPEN	NDENT CLAIM P	RESENT				+135=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in c			olumn 2	TOTAL	<del>                                     </del>	Į I	TOTAL	
CLAIMS AS AMENDED - PART II								4		THAN	
	(Column 1) (Column 2) (Column 2)						SMALL	OR SMALL ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 12	Minus	·· 2(	)	=	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	3	CL AINA	=	X40=		OR	X80=	
	THOTTALOL	INTATION OF IM	OLTIFLE DEI	ENDEN	CLAIIVE		+135=		OR	+270=	
							TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDII. FEE			ADDIT. FEET	· · · · · · · · · · · · · · · · · · ·
AMENDMENT B		CLAIMS		HIGH		(Column o)		4001	1		4551
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID		PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=	•	OR	X\$18=	
	Independent	TATION OF MI	Minus	***	CLAIM	=	X40=		OR	X80=	
	THOTTHESE	NIATION OF WI		LINDLIN	CLAIIVI		+135=		OR	+270=	
							TOTAL			TOTAL	
							ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1)		(Colui		(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=	X\$ 9=		OR	X\$18=	
4ME	Independent	•	Minus	***		=	X40=			X80=	
	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDENT	CLAIM				OR	7,002	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
	The "Highest Nur	nber Previously Pai	d For" (Total o	r Independ	ent) is the	n o, enter o. highest numbe	r found in the an	propriate box			